MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036753 STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 44

FILED SEP 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Holden
Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Moreland Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN: Holden
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5th & Olive
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Winifred Middle: Mowery Last: Shimel

4. DATE OF DEATH: Month, Day, Year: Sept. 6, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 3-14-1877

9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Prairie City, Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Phillip Mowery

13b. MOTHER'S MAIDEN NAME: Mary Ann Flemming

14. NAME OF HUSBAND OR WIFE: J.W.Shimel (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Eugene Hancock, Kingsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Renal Shutdown — 4 days
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochanteric Fracture Left Femur

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m.: — Month, Day, Year: 8-8-63

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: Kingsville COUNTY: Johnson STATE: Mo

21. I attended the deceased from 8-8-63 to 9-6-63 and last saw her alive on 9-6-63
Death occurred at 1:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R.W. Jones D.O.

22b. ADDRESS: Holden, Mo

22c. DATE SIGNED: 9-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 9 Sept 1963

23c. NAME OF CEMETERY OR CREMATORY: Fairview R.L.D.S.

23d. LOCATION (City, town, or county) (State): Holden, Mo.

24. FUNERAL DIRECTOR ADDRESS: E B CAST HOLDEN MO

25. DATE RECD. BY LOCAL REG.: 9-9-63

26. REGISTRAR'S SIGNATURE: Bernice Rose

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. B. Cook

Signature of Student Embalmer

Licensed Embalmer No. 4057

P. O. Address Holden, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.